

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUL 01 2014  
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0175
Date:	7-2-14
Amount Paid:	\$180 7-1-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Mark &amp; Pam Dyer</u>	Mailing Address: <u>28340 Kyster Rd Neeson, WI 54856</u>	City/State/Zip: <u>715-765-4131</u>
Address of Property: <u>same</u>	City/State/Zip: <u>same</u>	Cell Phone: <u>715-765-4131</u>
Contractor: <u>Jerry Oliphant</u>	Contractor Phone: <u>715-765-4788</u>	Plumber: <u>Sub. to contractor</u>
Authorized Agent/ (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>same</u>	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: <u>NW 1/4, NW 1/4 359</u>	Legal Description: (Use Tax Statement)	PLN: (23 digits) <u>02-000-10000</u>
	Gov't Lot	Lot(s)
	CSM	Vol & Page
	Lot(s) No.	Block(s) No.
	Subdivision:	Recorded Document: (i.e. Property Ownership) <u>Vol 16 88-87 760-16</u>
Section <u>22</u> , Township <u>45</u> N, Range <u>05</u> W	Town of: <u>Linden</u>	Lot Size
		Acreage <u>&gt;40</u>
<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>No</u> If yes---continue <u>→</u>	Distance Structure is from Shoreline: <u>feet</u>
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>No</u> If yes---continue <u>→</u>	Distance Structure is from Shoreline: <u>feet</u>
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

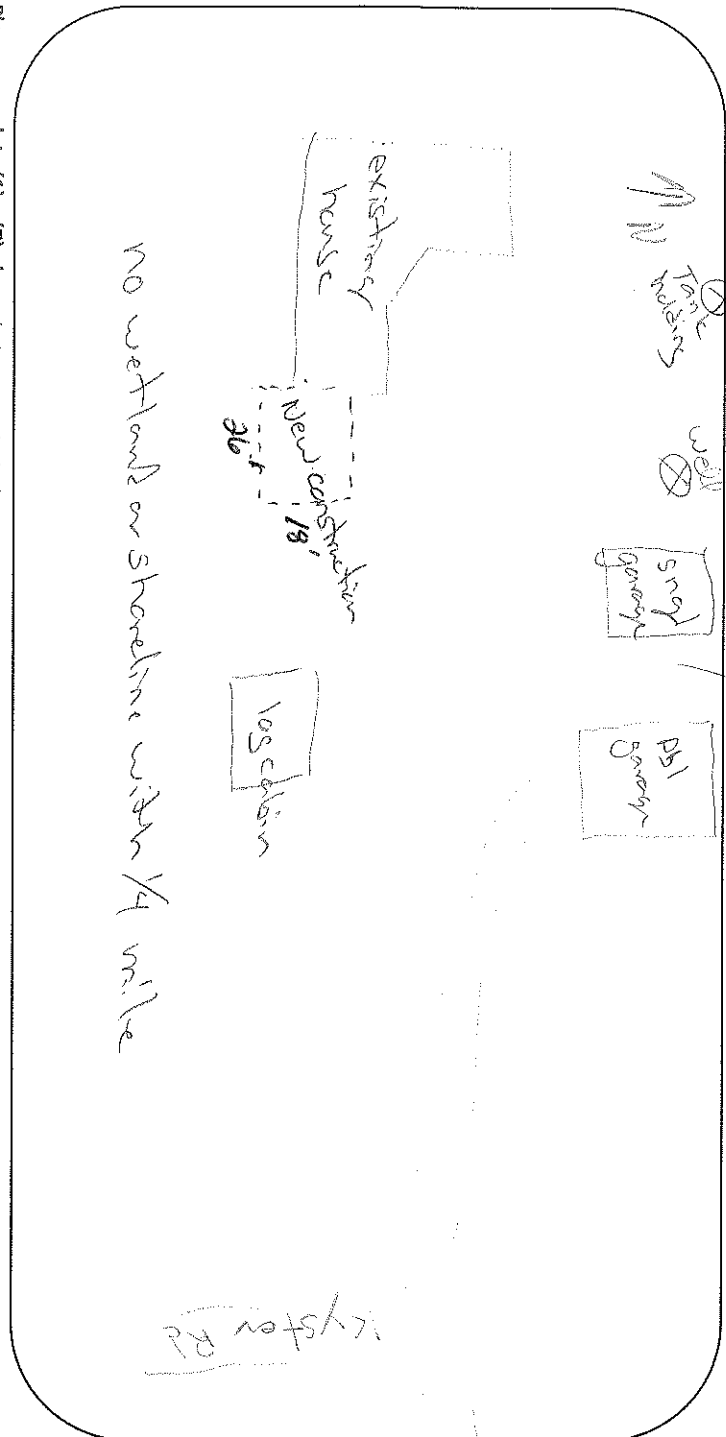
Value at Time of Completion * include donated time & material <u>\$56,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>sewer, 1600</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

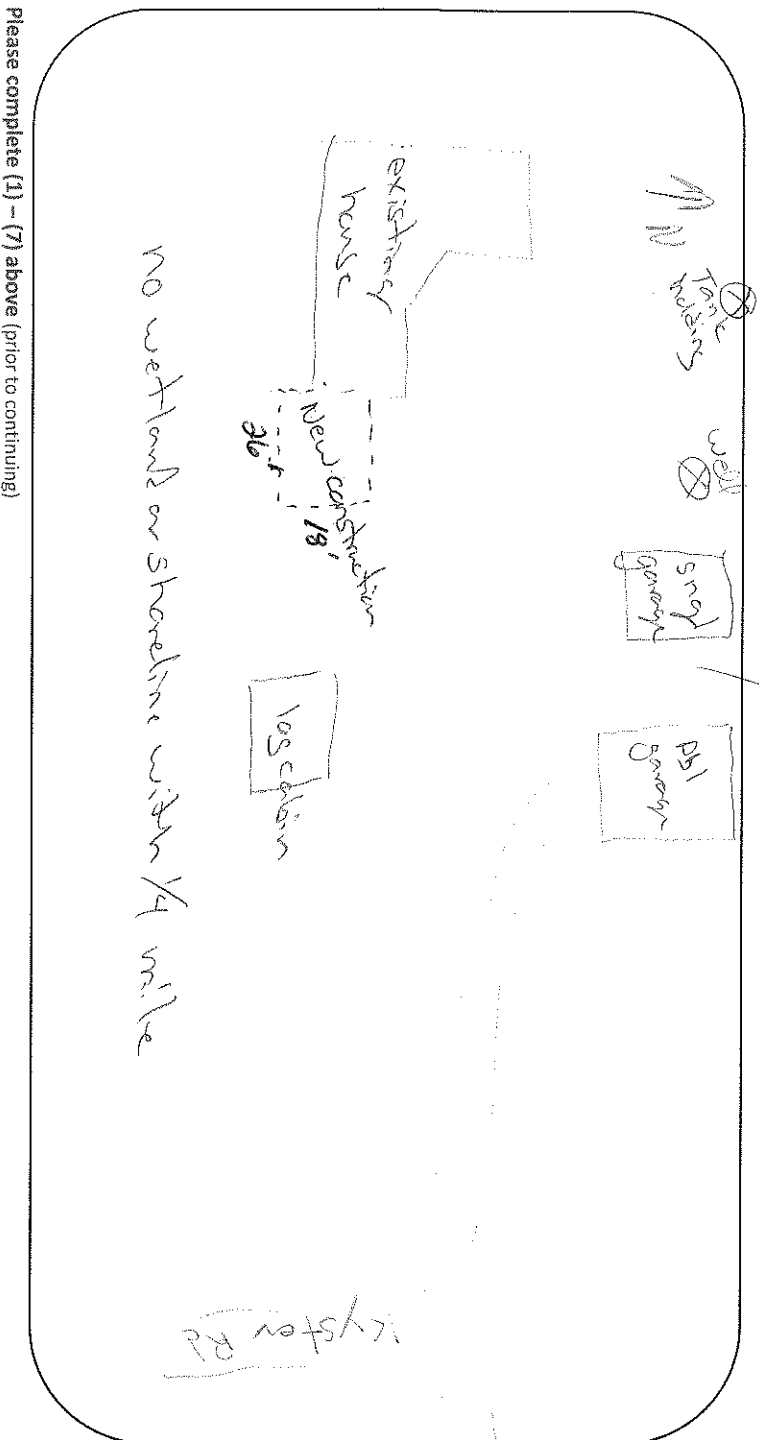
Existing Structure: (if permit being applied for is relevant to it)	Length: <u>54'</u>	Width: <u>47'</u>	Height: <u>218'</u>
Proposed Construction:	Length: <u>26'</u>	Width: <u>16'</u>	Height: <u>316'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2nd) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2nd) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Screen porch + feature outdoor kitchen</u>	<input type="checkbox"/>	( <u>26</u> X <u>18</u> )	<u>468</u>
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for issuance	<input type="checkbox"/>		
<u>JUL 07 2014</u>	<input type="checkbox"/> Special Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Secrecial Staff	<input type="checkbox"/> Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT AT STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark & Pam Dyer Date 6/30/14  
(if there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Mark Dyer Pamela Dyer Date 6/30/14  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 28340 Kyster Rd Neeson, WI 54856 Attach ✓  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

- (1) Show Location of: **Proposed Construction**   
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	≈ 600 Feet	Setback from the Lake (ordinary high-water mark)	250+ Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	> 1/4 mile Feet
Setback from the North Lot Line	> 1/4 mile Feet	Setback from the Bank or Bluff	> 1/4 mile Feet
Setback from the South Lot Line	> 1/4 mile Feet	Setback from Wetland created wetland	≈ 1000 Feet
Setback from the West Lot Line	> 1/4 mile Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	≈ 600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Well	60 Feet
Setback to Drain Field	300 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 327241	# of bedrooms: 3	Sanitary Date: 5-19-99		
Permit Denied (Date):	Reason for Denial:					
Permit #: 14-0175	Permit Date: 7-7-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:	Michael Guttle					
Date of Inspection: 7-7-14	Inspected by: M. Fuchs	Zoning District	(A-1)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification	(3)			
Date of Re-Inspection:						
Signature of Inspector:	Michael Guttle					Date of Approval: 7-7-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

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Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
JUL 03 2014

ENTERED

Permit #:	14-0177
Date:	7-7-14
Amount Paid:	\$75 7-3-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Heidi K. Semrau</u>	Mailing Address: <u>56885 N. Altemant Rd.</u>	City/State/Zip: <u>Mason, WI 54856</u>	Telephone: <u>(715) 765-4835</u>
Address of Property: <u>56885 N. Altemant Rd.</u>	City/State/Zip: <u>Mason, WI 54856</u>	Contractor Phone: <u>(715) 278-278</u>	Plumber: <u>Plumber</u>
Contractor: <u>Kevin Kavilla</u>	Agent Phone: <u>(715) 278-278</u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))			
PROJECT LOCATION <u>NE 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-030-2-45-05-09-201-000-10000</u>	PIN: (23 digits) <u>04-030-2-45-05-09-201-000-10000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>863</u> Page(s) <u>438</u>
Section <u>09</u> , Township <u>45</u> N, Range <u>05</u> W	Town of: <u>Lincoln</u>	Lot Size	Acreage <u>40</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>25,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Comb.</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>50'</u>	Width: <u>25'</u>	Height: <u>16'</u>
Proposed Construction:	Length: <u>40'</u>	Width: <u>24'</u>	Height: <u>20'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Loft		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Attached Garage		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Mobile Home (manufactured date)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>garage/breccusay</u>		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building (specify) <u>garage / 10x26</u>		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Conditional Use: (explain)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Other: (explain)		( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: Heidi K. Semrau Date 7/6/3/14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit Same as above Attach ☒  
Copy of Tax Statement

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140+ Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	185+ Feet	Setback from the River, Stream, Creek	
Setback from the North lot line Town Rd E	1600+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South lot line	550+ Feet	Setback from Wetland	NA Feet
Setback from the West lot line	1000+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East lot line Town Rd	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	80+ Feet
Setback to Drain Field	90+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 467391	# of Bedrooms: 3	Sanitary Date: 10-18-05		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-077	Permit Date: 7-7-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
Inspection Record:						
Meets all setbacks						
Date of Inspection: 7-7-14	Inspected by: M. Fuchs	Zoning District (A-1)		Lakes Classification (NA)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:				
Signature of Inspector: Michael Fuchs		Date of Approval: 7-7-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		





SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received  
JUL 03 2014  
Bayfield Co. Zoning Dept.

Permit #: 14-0176  
Date: 7-7-14  
Amount Paid: \$75 73-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Heidi K. Service	Mailing Address: 5885 N. Albemarle Mason, WI 54852	City/State/Zip: 715 765-4835	Telephone: 715 765-4835
Address of Property: 5885 N. Albemarle Rd.	City/State/Zip: Mason, WI 54852	Contractor Phone: 54852	Cell Phone: 715 269-7849
Contractor: Self	Agent Phone: 54852	Plumber: 54852	Plumber Phone: 54852
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: A/E 1/4, A/E 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-030-2-45-66-09-2-01-000-10000	Recorded Document: (i.e. Property Ownership) Volume 963 Page(s) 458
Section 02, Township 45 N, Range 05 W	Town of: Lincoln	Lot Size	Acreage 40
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 1000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 12'	Height: 12'
Proposed Construction:	Length: 24'	Width: 12'	Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( )	
<input type="checkbox"/> with Loft		( )	
<input type="checkbox"/> with a Porch		( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( )	
<input type="checkbox"/> with a Deck		( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( )	
<input type="checkbox"/> with Attached Garage		( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( )	
<input type="checkbox"/> Addition/Alteration (specify)		( )	
<input checked="" type="checkbox"/> Accessory Building (specify) Shed		( 12 X 24 )	288
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( )	
Rec'd for Issuance		( )	
JUL 07 2014		( )	
<input type="checkbox"/> Conditional Use: (explain)		( )	
<input type="checkbox"/> Other: (explain)		( )	
Secretarial Staff		( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Heidi K. Service Date 7/6/3/14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Same as above Date  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit Same as above

one box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N)** on Plot Plan  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

*See attached*

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400+ Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	380+ Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	650+ Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	600+ Feet	Setback from Wetland	N/A
Setback from the West Lot Line	330+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	N/A	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	150+ Feet	Setback to Well	40+ Feet
Setback to Drain Field	140+ Feet		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>140176</u>		Permit Date: <u>7-7-14</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>Meets all setbacks.</u>		Zoning District: <u>(A-1)</u> Lakes Classification: <u>(N/A)</u>		
Date of Inspection: <u>7-7-14</u>		Inspected by: <u>MM. Fuchs</u>		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No they need to be attached.				
<u>May not be used for human habitation. No water under pressure in structure.</u>				
Signature of Inspector: <u>Michael Fuchs</u>		Date of Approval: <u>7-7-14</u>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>



